



Rutherford County
County Clerk
319 North Maple Street
Suite 121
Murfreesboro, TN 37130

APPLICATION FOR BUSINESS TAX LICENSE

Application Fee \$15.00

Date _____

Receipt # _____

Business # _____

ALL QUESTIONS MUST BE ANSWERED COMPLETELY, INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.
FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

_____ Classification 1A _____ Classification 1C _____ Classification 2 _____ Classification 4
_____ Classification 1B _____ Classification 1D _____ Classification 3 _____ Classification 5

2. REASON FOR APPLYING:

☐ 1. New business ☐ 2. Additional location ☐ 3. Purchase of existing business

**3. DATE BUSINESS BEGAN IN
RUTHERFORD COUNTY:** _____

4. BUSINESS NAME AND EXACT LOCATION

BUSINESS NAME _____

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) _____

APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) _____

CITY _____ STATE _____ ZIP CODE _____

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT) _____

P.O. BOX, STREET, ROUTE, OR HIGHWAY _____

APARTMENT OR SUITE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

6. COUNTY IN WHICH BUSINESS IS LOCATED

RUTHERFORD _____

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

☐ NO ☐ YES _____
(If yes, Name of City)

7. BUSINESS TELEPHONE NUMBER

() _____

BUSINESS FAX NUMBER

() _____

8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS _____

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

____-____-____-____-____-____

☐ APPLIED FOR
☐ NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

____-____-____-____-____-____

☐ APPLIED FOR
☐ NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

☐ PROPRIETORSHIP ☐ HUSBAND/WIFE OWNERSHIP ☐ OTHER
☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY

**12. TENNESSEE SECRETARY OF STATE
IDENTIFICATION #, IF APPLICABLE**

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME _____

HOME TELEPHONE # _____

☒ SOCIAL SECURITY # ☐ FEDERAL EIN

HOME ADDRESS(DO NOT USE P.O.BOX #) _____

CITY _____

STATE _____

ZIP CODE _____

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company

(2) NAME _____

HOME TELEPHONE # _____

☒ SOCIAL SECURITY # ☐ FEDERAL EIN

HOME ADDRESS(DO NOT USE P.O.BOX #) _____

CITY _____

STATE _____

ZIP CODE _____

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company

15.

**SIGN
HERE:**

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE

DATE